

EXHIBIT 4

Johnny E. SSM

Sensation in all areas is equivocal at feet area for pin prick, light touch, vibration and proprioception.

Tone: normal.

Bilateral deep tendon reflexes; bicep, tricep, brachioradialis, patellar and ankle jerk are all symmetrical and hyporeflexic.

Musculoskeletal

Standing flexion test at the waist for sacral iliac excursion positive with poor excursion at the bilateral locked. Straight leg raising is negative bilaterally.

Piriformis muscle maneuver reproduces the pain symptoms.

Flexibility is poor for the hamstrings, iliotibial band, hip abductors hip adductors, gluteus maximus, cervical musculature.

Range of motion is normal 180° forward flexion glenohumeral joint, normal 180° full extension acetabular joint.

Good glenohumeral movement bilateral, no laxity of ligaments

Patient has no contractures.

Knee examination: small abrasion at patella, no erythema, normal, no effusion, no crepitace and no laxity of ligaments. Negative Hoover effort. Posterior and anterior drawer's negative, no ecchymosis.

Shoulder examination: normal.

Trigger points are palpable in the trapezius, rhomboids, piriformis- gluteus maximus complex, splenius capitus, levator scapulae and erector spinae.

Finklestein's test negative.

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Well healed scars visible at the calf, surgical scars B/L palms.

Tattoos not present at right/left arm and right/left leg.

Integument no open lesion inspected, no rubor, no erythema, no petechiae, no rashes.

Patient is able to participate and to perform all maneuvers on the plinth during examination.

Patient demonstrates pain behaviors of somatization, sighing, grimacing, bracing and guarding affected area.



IMPRESSIONS

1. Basically 3 injuries: original W/C injury affecting back and neck, 2 recent falls, 1st causing rib fracture and last causing knee pain.
2. Medical records need to be obtained to complete impression, but condition appears at this time to be non-surgical, mechanical back pain, which can be treated in a conservative comprehensive approach to include physical therapy and office injection procedures.
3. Myofascial pain syndrome of the trapezius, rhomboids, gluteus maximus, levator scapulae and erector spinae.
4. Sacral iliac joint dysfunction of the R and L.
5. Chronic pain syndrome.
6. History of hypertension and coronary artery disease.
7. Kinesiophobia – fear of movement to cause pain.
8. Poor flexibility of lower and upper extremities.

COMMENDATIONS